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GOVERNMENT OF SASKATCHEWAN

DEPARTMENT OF PUBLIC HEALTH

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Prevention and Cure of Diphtheria
by the use of

Toxoid and Antitoxin

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DEPARTMENT OF PUBLIC HEALTH
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DIPHTHERIA

Cure—By early diagnosis and early and sufficient use of Diphtheria Antitoxin

Prevention—By use of Toxoid

In the year 1928 there were 464 cases of diphtheria with 82 deaths reported in the Province of Saskatchewan, and of these deaths 71 were in children under 10 years of age. In 1937 there were only 72 cases of diphtheria and 10 deaths.

Why this reduction in number of cases and in number of deaths?

For the very reason that the public is now taking advantage of the knowledge which medical science has provided in combating this disease. There is probably no other communicable disease about which more is known than about diphtheria.

CAUSE OF DISEASE:

We know it is caused by a germ usually found in the discharge from the mouth, throat or nose of an infected case or "carrier." It can be spread from cases having the disease or from so-called "carriers" who are healthy people harboring the diphtheria germ, and being unrecognized, they quickly spread it from one to another. The germs are spread in the secretions of the nose or throat by coughing, sneezing, loud talking, and particularly by children who put their hands in their mouths and rub them over everything in reach. These things if handled by other healthy children, who also put their fingers in their mouths, may transfer the germs into their healthy throats and diphtheria develops.

TREATMENT:

We know that if the case is treated early and with sufficiently large doses of diphtheria antitoxin that there should be practically no deaths from diphtheria. All cases of sore throat or croup should be seen at once by a doctor and if he suspects diphtheria at all, antitoxin should be given without waiting for a throat or nose swab to be examined. According to the Connaught Laboratories, University of Toronto, the dose for a child should not be less than 20,000 units and for an adult 40,000 units. This will usually be an adequate dose for the ordinary pharyngeal case of diphtheria. The above is the procedure followed at present in the Riverdale Isolation Hospital, Toronto. In untreated cases which have been ill for several days, or laryngeal or severe toxin cases, much larger doses, even up to 100,000 or 150,000 units of antitoxin, may be required. In such cases a combination of intravenous and intramuscular injection is indicated.

PREVENTION:

You can prevent the spread of this disease by seeing that all children under your charge are protected by the use of toxoid which builds up a natural resistance to diphtheria in the human body. Then they do not need to fear, to the same extent, the unsuspected carrier or case of diphtheria.

Toxoid is administered by the physician, in a very simple manner, with no risk or discomfort to the child. It usually takes about three or four months after the toxoid before complete immunity is produced. It is given in three doses three weeks apart. Co-operate with your Health Department and physicians by first educating all persons under your charge about the prevention of infectious disease and then immunize and protect them. Any child over 6 months can be given this protection.

DON'T FORGET DIPHTHERIA IS CURABLE AND PREVENTABLE. Use toxoid for immunization. It is easily procured, free and simple to give. Therefore it should be used **TODAY;** tomorrow may be **TOO LATE.**

The medical practitioner owes this to the public and he should impress all parents and guardians that they are responsible for the safe care of those under them, and should see that they be immediately given this protection against diphtheria.

Diphtheria antitoxin and toxoid are supplied free by the Department of Public Health, Saskatchewan, to any medical practitioner on request.

Assist in any campaign against diphtheria by having children protected when young, any time after six months of age.

In the city of Toronto with a population of over 631,000 there were only 22 cases of diphtheria in 1934 and no deaths. This is no doubt due to the general use of diphtheria toxoid.

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